



DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES  
**GUAM BOARD OF BARBERING AND COSMETOLOGY**

Mailing: 123 Chalan Kareta, Mangilao, GU 96913  
Physical: 194 Hernan Cortez Ave, Ste 213, Hagatna, GU 96910  
www.dphss.guam.gov • Ph.: 1.671.735.7410 • Fax: 1.671.735.7413



**ESTABLISHMENT**  
**RENEWAL APPLICATION**

1. Complete Application
2. Copy of current **“BUSINESS LICENSE”**
3. Copy(ies) of Employee’s License
4. Record of Payment



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**ESTABLISHMENT RENEWAL APPLICATION**

**ESTABLISHMENT LICENSE NUMBER:** \_\_\_\_\_

*Instruction: Please Check (✓) One of the following establishments:*

☐ Barber Shop   ☐ Beauty Salon   ☐ School Cosmetology   ☐ Other \_\_\_\_\_

*Please print or type: Incomplete application will NOT be processed.*

Name of Establishment:		Telephone No.
Street Address of Establishment:		
Mailing Address of Establishment:		
Name of Owner:		Telephone No.
Email Address of Owner:		
Mailing Address of Owner (if different from Establishment):		
Name of Licensed Cosmetologist/Barber Operating Establishment AND License Number:		
1.		
2.		
Cosmetologist(s) Barber(s) Working in Establishment <i>(Include License Numbers for Each)</i>		
1.	4.	
2.	5.	
3.	6.	
Apprentice(s) Working in Establishment:		
1.	4.	
2.	5.	
3.	6.	
As owner of the establishment I understand that I will notify the Guam Board of Barbering and Cosmetology within 15 days in writing of any change. I understand that my establishment license maybe revoked or suspended for failure to comply with provisions of laws regulations.		

**Establishment Owner Signature and Date:**



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**RECORD OF PAYMENT**

**I. IDENTIFICATION**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**II. Verification of Licensure:** Please print the complete name used on original license and your social security number

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**III. Fee:** Pursuant to P.L. 25-188 Section 18124, The Board shall promulgate rules and regulations to charge for fees for examination, licensure and renewal of licensure and Penalties, as appropriate, in accordance with the Administrative Adjudication Law.

- |   |           |
|---|-----------|
| 1. ( ) Examination and Registration as a Cosmetologist, Electrologist, Manicurist, or Esthetician ..... | \$ 20.00  |
| 2. ( ) Re-Examination as a Cosmetologist, Electrologist, Manicurist, or Esthetician .....               | \$ 10.00  |
| 3. ( ) Examination and Registration as an Instructor .....  | \$ 20.00  |
| 4. ( ) Re-Examination and Registration as an Instructor .....   | \$ 10.00  |
| 5. ( ) Renewal of Certificates .....  | \$ 4.00   |
| 6. ( ) Cosmetological Establishment License and Certificate .....                                       | \$ 20.00  |
| 7. ( ) Renewal of Cosmetological Establishment License .....  | \$ 4.00   |
| 8. ( ) School of Cosmetology License and Certificate .....  | \$ 100.00 |
| 9. ( ) Renewal of School of Cosmetology License and Certificate .....                                   | \$ 25.00  |
| 10. ( ) Photocopy of record per page .....  | \$ 1.00   |
| 11. ( ) Initial Application Fee for Japanese Cosmetologist (P.L.30-152 / §18115.1) .....                | \$ 200.00 |
| 12. ( ) Annual Special License Fee for Japanese Cosmetologist (P.L.30-152 / §18115.1) .....             | \$ 800.00 |
| 13. ( ) Late Renewal Fee .....  | \$ 20.00  |

**NOTE:** All checks and money order must be made payable to "Treasurer of Guam". Present this form with payment to the Cashier at Public Health of Treasurer of Guam Office then return the processed form to GBBC. Off-island applicants, return this form with your payment to GBBC at the above address. **ALL LICENSES/CERTIFICATES ARE NON-TRANSFERRABLE. ALL FEES ARE NON-REFUNDABLE.**

**FOR OFFICE USE ONLY:** Form of Payment: ☐ Cash ☐ Check ☐ Money Order ☐ Credit Card

Field Receipt # \_\_\_\_\_ Date Paid: \_\_\_\_\_



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**RECORD OF PAYMENT**

**IV. IDENTIFICATION**

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Signature: \_\_\_\_\_

**CASHIER  
COPY**

**V. Verification of Licensure:** Please print the complete name used on original license and your social security number

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**VI. Fee:** Pursuant to P.L. 25-188 Section 18124, The Board shall promulgate rules and regulations to charge for fees for examination, licensure and renewal of licensure and Penalties, as appropriate, in accordance with the Administrative Adjudication Law.

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